

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36304

FILED DEC 13 1948

State File No. \_\_\_\_\_

Registration District No. 282

Primary Registration District No. 4230

Registrar's No. 24

## 1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Armstrong  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
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(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community 31 years  
years, months or days)

3. (a) PRINT FULL NAME Homer Virgil Goldsberry3. (b) If veteran, -- 3. (c) Social Security No. 510-01-1190

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mabel McCoy 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased February 7, 1888  
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 27 If less than one day  
hr. min.

9. Birthplace Schuyler Co. Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Salesman

11. Industry or business: ---

12. Name Henry W. Goldsberry  
13. Birthplace Scotland Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Hale  
15. Birthplace Schuyler Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. V. Goldsberry  
(b) Address Armstrong, Missouri

17. (a) Burial (b) Date thereof 11/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old Chapel Cemetery

18. (a) Signature of funeral director Ralph A. Carr  
(b) Address Fayette, Missouri

19. (a) 11/8/48 (b) Walter H. Daley  
(Date received local registrar) (Registered signature)  
410-1 (Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Armstrong  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: --

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th  
year 1948 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from  
July, 1947 to Nov. 4, 1948  
that I last saw him alive on Nov 3, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage +  
hemiplegia. Duration 8 min.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations g. b. w.

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged stati-  
stically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Walter H. Daley (M. D. or other) MO  
Address Fayette, Mo. Date signed 11-8-48

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on 6

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Ralph A. Carr*

Licensed Embalmer No.

*3340*

P. O. Address

*Dayville Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**